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UNIONDALE, I	NY 11553	18		Leo C. Lynna		(Depositor's name)
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			M	arch 25, 2008		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/767,598 01/29/2004		Max Krogager		821-55	5213	
TITLE OF INVENTION	: REPAIR METHOD					
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	03/28/2008
EXAMINER ART UNIT			CLASS-SUBCLASS			
DANIELS, MATTHEW J		1791	264-036220			
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Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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